



**OFFICE OF RADIATION CONTROL
ALABAMA DEPARTMENT OF PUBLIC HEALTH
P.O. Box 303017
Montgomery, Alabama 36130-3017**



**RADIATION SAFETY TRAINING CERTIFICATE
FOR
SERVICERS OF X-RAY EQUIPMENT**

I. Servicer's Name _____ Telephone Number _____
 Date Employed _____ Company Name _____
 Company Address _____
 Email Address _____

II. The above named individual has satisfactorily completed radiation safety training for servicers of x-ray equipment

 (Date)

 (Firm, School or Consultant) (Address)

- | | | |
|---|-------|-------|
| 1. ARCR 420-3-26-.05 Appendix A Paragraph I | _____ | Hours |
| 2. ARCR 420-3-26-.05 Appendix A Paragraph II | _____ | Hours |
| 3. ARCR 420-3-26-.05 Appendix A Paragraph III | _____ | Hours |
| 4. ARCR 420-3-26-.05 Appendix A Paragraph IV | _____ | Hours |

Note: If initial training was provided by an outside entity, please attach a copy of the certificate.

III. The above named individual has received _____ months/years of on-the-job training at

 (Firm's Name)

IV. The above named individual has demonstrated understanding of the principles of radiation safety for x-ray equipment.

V. I hereby certify that the above information is true and correct to the best of my knowledge.

 (Servicer's Signature)

 (Date)

 (Responsible Representative)

 (Date)

Code of Alabama 1975 § 13A-10-109 provides that the making of a false statement to a government official is a Class C misdemeanor punishable by a fine of up to \$500.00 or a sentence of up to 3 months in jail.

PLEASE SUBMIT THE ORIGINAL TO THE OFFICE OF RADIATION CONTROL AND RETAIN A COPY FOR YOUR RECORDS.